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Our ref: 

30 March 2017

Mrs Heidi Connor
Assistant Coroner
Nottingham Coroner's Court
The Council House
Old Market Square
Nottingham
NG1 2DT

Dear Mrs Connor

Response to Regulation 28: Report to Prevent Future Deaths

I write further to your report dated 18 January 2017, following the inquest into the sad death of Teresa Dennett. I would firstly like to express our sincere condolences to Mrs Dennett's family, for whom I appreciate this will have been a most painful and distressing time.

We take very seriously the findings of the report, which we have considered carefully. Our response to the specific concerns and recommendations within the report is outlined below.

Key concern

The Society of British Neurological Surgeons (SBNS) Care Quality Statement (2015) is designed to provide a clear pathway for the referral of patients for time-critical neurosurgery. Indeed, following this and one other recent Regulation 28 report, Professor Sir Bruce Keogh, National Medical Director, NHS England, wrote to all NHS Medical Directors on 27 February 2017 reiterating the importance of adhering to the SBNS national guidelines for the transfer of neurosurgery patients. We note that in his letter, Sir Bruce Keogh has advised that local protocols should reflect these national guidelines.

The Consultant Neurosurgeon at Sheffield Teaching Hospitals (STH) was adhering to the SBNS guidelines in providing advice to King's Mill Hospital that Nottingham University Hospital (NUH) should treat the patient. The guidelines state: '*Neurosurgical units should not refuse admission for*

patients requiring emergency surgery referred from their catchment population. The lack of critical care beds must not be a reason for refusing admission for patients requiring urgent surgery.'

Equally, in advising that a 'consultant to consultant' referral was required, the Consultant Neurosurgeon at STH was following the SBNS guidelines.

However, we agree that in this situation, to avoid any further delay we should simply have accepted the patient and adhering rigidly to the national guidelines was not in the patient's best interests at that time. As a result of this situation, in addition to reviewing and discussing with [REDACTED] the protocol developed by NUH, we have drafted our own local protocol for the admission of patients requiring emergency neurosurgical procedures, and I attach a copy of this for your information. This protocol has been shared with NUH. The protocol is in line with the SBNS guidelines and, importantly, also includes the following statement:

'If a hospital outside of our usual catchment area contacts the on call neurosurgical team because they are having difficulty accessing care at their local unit and we understand that time critical surgery is required, we should accept the patient ourselves for immediate transfer. We should then contact the referring hospital's usual neurosurgical unit to establish that transfer to Sheffield is the most appropriate course of action.'

This draft protocol is in the process of being discussed with all relevant staff and, once agreed, it will be shared widely with all of the trusts within our neurosurgery catchment area as follows:

- Rotherham NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Lincoln County Hospital (United Lincolnshire Hospitals NHS Trust)

The new protocol will be communicated through the Working Together Partnership which includes STH along with all of these trusts with the exception of Lincoln, with whom we will communicate separately through our respective Medical Directors.

Other concerns

1. Radiology access for neurosurgery

District general hospitals referring neurosurgery patients to Sheffield transfer images through the Picture Archiving and Communication System (PACS). Through PACS, images can be viewed securely from any location on an STH laptop and can be available for a neurosurgery consultant in Sheffield to view within five minutes. In the vast majority of cases, images are available to view within half an hour at most. This is dependent however on the availability of the radiographer at the peripheral hospital to upload the images.

2. Input from stroke physicians

Images used in the diagnosis of stroke by the STH stroke service can be seen immediately by the on-call stroke physician from home. Hospitals served by the stroke service in the region around Sheffield have 24/7 telemedicine access to the advice of a specialist stroke physician.

We are now working to finalise and communicate our local protocol for the admission of patients requiring emergency neurosurgical procedures, which has been produced in response to your report. Please be assured that this is being undertaken as a matter of priority

I hope that the above comments address the concerns set out in your original communication, but we would be happy to answer any outstanding queries as necessary.

Yours sincerely

A solid black rectangular box redacting the signature of Sir Andrew Cash.

Sir Andrew Cash OBE
Chief Executive

